

Template: Election Authority Letter of Agreement

The following text serves as an example of a Letter of Agreement that must be obtained from the local election authority in order to participate—and to receive technical assistance—from *Vote & Vax 2008*. When completed and signed it should be faxed to (860) 435-8193. Once the required information is submitted, providers will receive a confirmation and information on how to obtain additional materials and technical assistance on the *Vote & Vax* Web site: www.voteandvax.org.

This letter should appear on the Election Authority's letterhead and can be tailored to local requirements.

<NAME OF ORGANIZATION> has requested to operate one or more immunization clinics on Election Day, November 4, 2008, in proximity to the following polling place(s): <NAME AND ADDRESS OF POLLING PLACE(S)>.

The <NAME OF LOCAL ELECTION AUTHORITY> has no objection to permitting this activity where it is in compliance with state and local laws and regulations, including the following:

- <NAME OF ORGANIZATION> will abide by all local regulations regarding the placement of activities in proximity to polling places;
- <NAME OF ORGANIZATION> will in no way impede the free flow of persons to or from the polling place;
- <NAME OF ORGANIZATION> will not engage in any partisan political activity in connection with operating the immunization clinic; and
- <NAME OF ORGANIZATION> will locate the clinic at a mutually agreed upon location a reasonable distance from the voting activity.

Name of Election Authority Official

Name of Public Health Agency Official

Title

Title

Date

Date

Vote & Vax 2008 Fax Cover Sheet for Letter of Agreement

To: Douglas Shenson, M.D., M.P.H.—*Vote & Vax* 2008

Fax: (860) 435-8193

From: _____

Re: *Vote & Vax* 2008 Election Authority Letter of Agreement

Pages: _____

Date: _____

Please find attached my letter of agreement, filled out and signed by my agency and my local election authority.

Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

TO RETURN THIS FORM BY MAIL, SEND TO:

Douglas Shenson, M.D., M.P.H.

Attention: *Vote & Vax*

318 Main Street

Lakeville, CT 06039

If you have any questions, please call (888) 868-5580.